



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800016

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: AL & VAL INC

DOING BUSINESS AS CHARLES DINER

ADDRESS 218 Union st

CITY/TOWN: WEST SPRINGFIELD

STATE: MA

ZIP CODE: 01089

MANAGER: ALFANO,
MICHELLE K.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE, 4 EXITS. 1ST FLR TOTAL SQUARE FOOTAGE 9216

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800027

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NORTH GARDEN, INC

DOING BUSINESS AS NORTH GARDEN

ADDRESS 42 MYRON ST

CITY/TOWN: WEST SPRINGFIELD STATE: MA ZIP CODE: 01089

MANAGER: Wong, Ka Kin TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SEATING CAPACITY FOR 85 PERSONS, TOTAL AREA IS 2700 SQ FT OF WHICH 700 SQ FT IS ALLOCATED TO KITCHEN AND RESTROOMS.

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EMPLOYER IDENTIFICATION NUMBER:

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By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800060

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CENTURY BUFFET, INC

DOING BUSINESS AS

ADDRESS 247 MEMORIAL AVE

CITY/TOWN: WEST SPRINGFIELD STATE: MA ZIP CODE: 01089

MANAGER: YE, ZUE LING TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

SELF CONTAINED KITCHEN AND RESTAURANT. REAR SERVICE ENTRANCE AND EXIT. LOADING DOCK

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800064

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SRISUKASAME, INC

DOING BUSINESS AS SHALLOT THAI CUISINE

ADDRESS 1455 RIVERDALE STREET

CITY/TOWN: WEST SPRINGFIELD

STATE: MA

ZIP CODE: 01089

MANAGER: NINSRI, JIRAWAT TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1701 SQ.FT. 1 STORY BUILDING, 1 WENTRANCE/EXIT. EAST SIDE OF BUILDING, EMERGENCY EXIT
NORTH SIDE OF BUILDING. TWO (2) HANDICAP ACCESSIBLE RESTROOMS. SUSHI BAR, TOTAL
SEATING IN DINING ROOM AREA FOR 23. TOTAL ALLOWABLE OCCUPANCY 25

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DATE:

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CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: BUENO WEST SPRINGFIELD, LLC

DOING BUSINESS AS BUENO Y SANO

ADDRESS 935 RIVERDALE STREET, UNIT 5

CITY/TOWN: WEST SPRINGFIELD

STATE: MA

ZIP CODE: 01089

MANAGER: LOWRY,

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and

ROVBERG A.

Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FAST CASUAL RESTAURANT SERVING BURRITOS, TACOS, QUESADILLAS, AND SALADS. SQUARE
FOOTAGE: 2000, NUMBER OF ENTRANCES: 1; NUMBER OF EXITS : 2; OCCUPANCY NUMBER: 60;
AND SEATING CAPACITY: 52

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LICENSE NUMBER: 141800066

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: JOHN HUANG

DOING BUSINESS AS PHO BQ VIETNAMESE CUISINE

ADDRESS 764 RIVERDALE STREET

CITY/TOWN: WEST SPRINGFIELD

STATE: MA

ZIP CODE: 01089

MANAGER: HUANG, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING

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